

6TL0B655MV  
18-10559

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>18-10559</b>		Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>09/22/2018</b>		Crash Time <b>07:25 PM</b>		Date Arrived <b>09/22/2018</b>		Time Arrived <b>08:00 PM</b>	
Date Notified <b>09/22/2018</b>		Time Notified <b>07:31 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p style="text-align: center;">not to scale</p>	Reconstruction By
	Photos By <b>W. NEUBAUER 9140</b>
	Additional Information <b>NONE, PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING N/B ON SHIFFLET RD AND APPROACHED THE INTERSECTION OF SHIFFLET AND MADISON. UNIT 2 WAS TRAVELING W/B ON MADISON AND WAS STATIONARY IN THE ROADWAY ATTEMPTING TO MAKE A LEFT HAND TURN ONTO SHIFFLET RD. UNIT 1 MADE A WIDE RIGHT HAND TURN ONTO MADISON FROM SHIFFLET AND SIDE SWIPED UNIT 2 ON THE DRIVER SIDE. UNIT 1 CONTINUED PAST UNIT 2 AND STRUCK THE NORTH SIDE CURB ON MADISON ST. UNIT 1 SUSTAINED DAMAGE TO THE FRONT GRILL AREA AND DRIVERS SIDE. UNIT 2 SUSTAINED DAMAGE TO THE DRIVERS SIDE WHEEL WELL AND DOOR PANEL. UNIT 1 DID NOT STOP AND CONTINUED IN AN UNKNOWN DIRECTION.

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Location

ON W MADISON ST 53 FT E OF SHIFFLET RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.175252379</b>	Longitude <b>-90.078798413</b>
	X Coordinate <b>249758.765625</b>	Y Coordinate <b>4784879</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06--SIDESWIPE/OPPOSITE DIRECTION</b>	Light Condition <b>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>40</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>UNKNOWN</b>	Emergency Motor Vehicle Use <b>UNKNOWN</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number	Plate Type <b>AUT - AUTOMOBILE</b>	St	Country of Issuance
	Vehicle Identification Number	Make <b>TOYOTA</b>	Year	Model <b>CAMERY</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>UNKNOWN</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>		

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
		Driver Prior Action Other		<b>UNKNOWN</b>		
		Driver Actions <b>IMPROPER TURN</b>				
01	01	Driver Distractions <b>UNKNOWN IF DISTRACTED</b>				
		Owner Name <b>UNKNOWN UNKNOWN UNKNOWN</b>		Owner Address <b>UNKNOWN UNKNOWN, ,</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>RIGHT TURN</b>			
		02	Event <b>MOTOR VEH IN TRANSPORT</b>			
		03	Event <b>CURB</b>			
		04	Event			
01	001	<b>Individual</b>				
		Driver <b>UNKNOWN UNKNOWN UNKNOWN</b>		Citations Issued <b>0</b>	Sex	
				Date of Birth	Race	
		Address <b>UNKNOWN UNKNOWN, ,</b>		Driver License Number		
		<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>RESTRAINT USE UNKNOWN</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT APPLICABLE</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			

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UNIT           01  001	Hospital		Date of Death		Time of Death	
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type		Drug Test Results
	Drug Type					
	Individual Condition <b>NOT OBSERVED</b>					

**Unit Summary**

UNIT           02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>40</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT           02  VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>NC3630</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3GTP2VEA0CG115432</b>		Make <b>GENERAL MOTORS COR</b>	Year <b>2012</b>	Model <b>SIERRA K15</b>
	Color <b>RED - RED</b>		Body Style <b>PK - PICKUP</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>		
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			

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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Driver Distractions <b>NOT DISTRACTED</b>			
02	02	Owner Name <b>SUSAN L BLAEDOW (262) 789-9175</b>	Owner Address <b>170 N BOBOLINK DR BROOKFIELD, WI 53005 , US</b>	
<b>Sequence Of Events</b>				
01	Event <b>LEFT TURN</b>			
02	Event <b>MOTOR VEH IN TRANSPORT</b>			
03	Event			
04	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>KENNETH BLAEDOW</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KENNETH R BLAEDOW (262) 789-9175</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address <b>170 N BOBOLINK DR BROOKFIELD, WI 53005 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02 002	<b>Equipment</b>	On Duty Crash	Safety Equipment	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	

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<b>UNIT</b> <b>INDIVIDUAL</b>      <b>02</b> <b>002</b>	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
	Action					
	Action Other					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results		
	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					